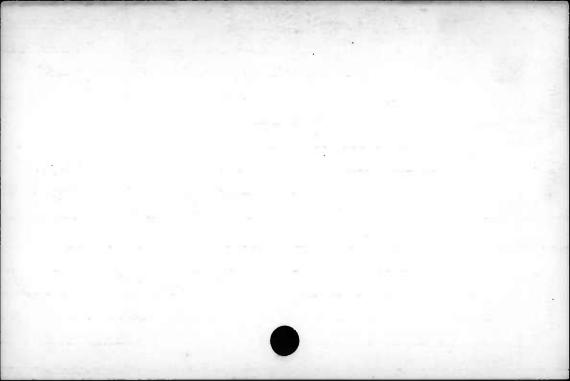
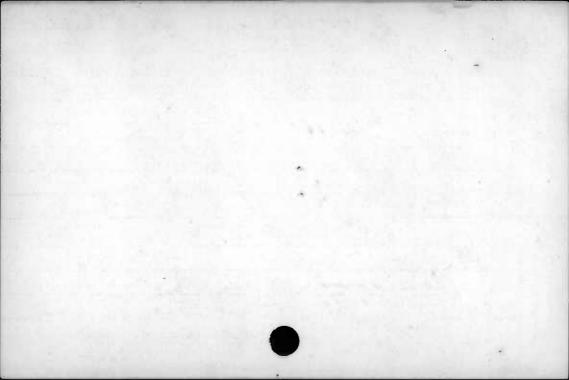
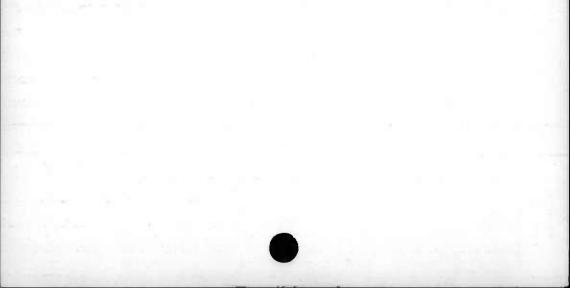
Name in	3	7-73		,	CERTIFICATE	0. D
Full	Died at Prace	Brolini.	County	1	MARYL	
TO BE ANSWERED BY NEAREST FRIEND	Date of death 1905 326.	Day 2 0	Age 50	Moi	nths	Days
	Sex Male	Color or coc	lile-	Birth- place Co	alunt	Co.
	Occupation Juneaux		Where Residing If not at place of death			
	Married, Single Classics	Name of Wife or Husband				
	Father's Dom. 3		-	Father's Birthplace Cal. Co.		
	Mother's Maiden Name Sulli		Mother's Birthplace			
	Name of person giving In formation	14.Br	rec.	How related to deceased		lun
		CAUSE	ES OF DEATH		÷ '	
	Primary Decece	-27702	ria an.	How long	11 da	28_
PHYSICIAN R CORONER	Immediate .		. 43	bow long		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	0.7	eilc	le	
OR O			Address	rule	uglow	nee-
	Accident or Suicide?			U	A P	236.



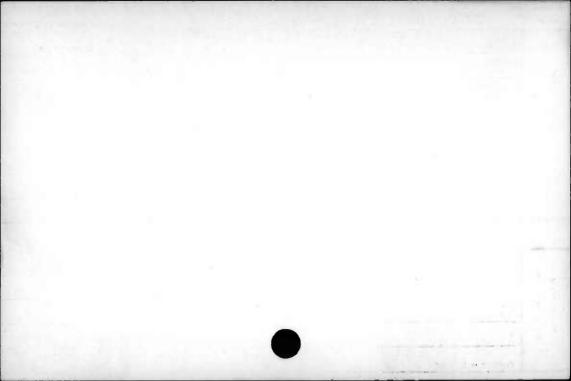
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ED BY	Died at Pt Refined	he	Calver-	7-	MARYLAND	
	Date of death 1905 - Feb.	16	Age 40	Mo J.	nths Days	
	sex Frmale	Color or Mi	hili	Birth- place 7	3062 216	
ANSWERED	Occupation Howarrije		Where Residing if not at place of death			
	Married, Serve Married	Name of Wile or Husband	The Hil	Poven		
TO BE	Father's Name	darible.	-1	Father's Birthplace		
	Mother's Marden Name 9ms. G. F. Tout			Mother's Birthplace,		
	Name of person giving of F. T. T.			How related to deceased	to deceased a mi Tal of	
		CAUSE	S OF DEATH			
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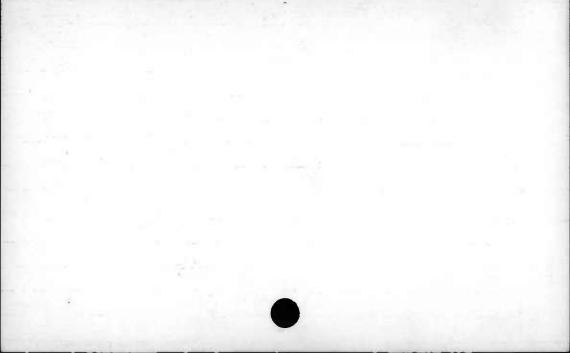
Name in CERTIFICATE OF DEATH Full County Died at Alexalier Glower MARYLAND Day Months Days Date of death 190 ۵ Color or Birth-Oali Co. ANSWERED FRIEN place Race Occupation Where Residing if not at place of death REST Name of Wife Cr Married, Single Husband or Widowed NEAF 回 Father's Father's Birthplace Name 10 Mother's Mather's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How loss PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 0 Accident or Suicide? LIBRARY BUREAU A



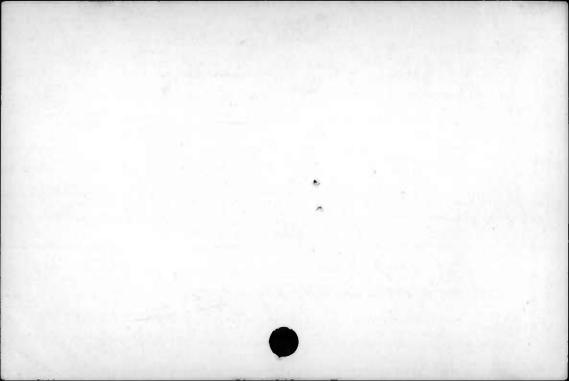
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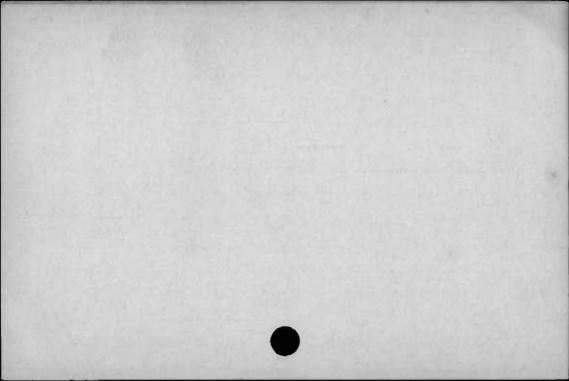
Name in CERTIFICATE OF DEATH Full -- Town County MARYLAND Months Years Days Date of death 190 Age Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death NEAREST Name of Wife or Married, Single Husband or Widowed 日日 Father's Father's Birthplace Name Mother's Mother's Birtholace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address œ Accident or Suicide? LIBRARY BUREAU ASSOL



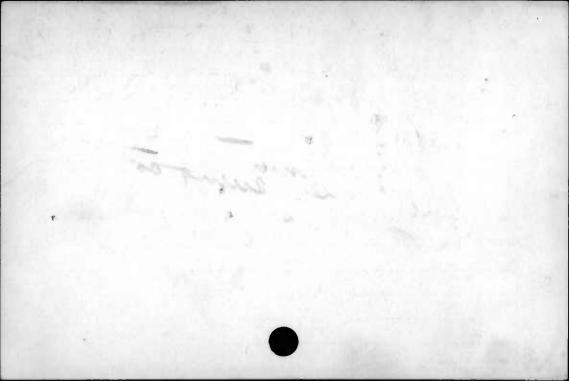
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run	ART D TOWA	re	County		MARY	1
TO BE ANSWERED BY NEAREST FRIEND	Date of death 1901 - 757	2 /	Age 2	Mo	onths	Days
	Sex Female	Color or Race	hily	Birth- Co	alvist	20-,
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband				
	Father's Thos. Brostee Handrely -			Father's Birthplace	Caliny	41
	Mother's Maiden Name Sainh	F. Pa	which	Mother's Birthplace	Cal 17	6
	Name of person giving The	Birr	the Honduly	How related to deceased		ar .
CAUSES OF DEATH						
	Primary	1400	-	How long	211	e the
PHYSICIAN R CORONER	1m mediate	whi -	- 1/2	How long	1 11	
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Name	h /1		,		
in Full	Mary A	ewice	uo	CERTIFIC	ATE OF DEATH
	Died at Dunseine		lealver	_ /	RYLAND
TO BE ANSWERED BY NEAREST FRIEND	Date of death 1905 Hel	Day	Years Age	Months	Days
	Sex Lemale	Color or le	olored_	Birth- place	Name !
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name or Wife or Husband		-0	4
	Father's Mitch	Ill Ho	avellin	Father's Birthplace	Leo
	Mother's Maiden Name			Mother's Birthplace	el Ceo
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HEE	Primary Harris	leaia	14	How long 34	
PHYSICIAN R CORONER	Immediate Journal	Para	lyaite	How long	1
	Are the name, age, sex, color, date and place correctly given above?	5	Signature of The	om. Cha.	ni
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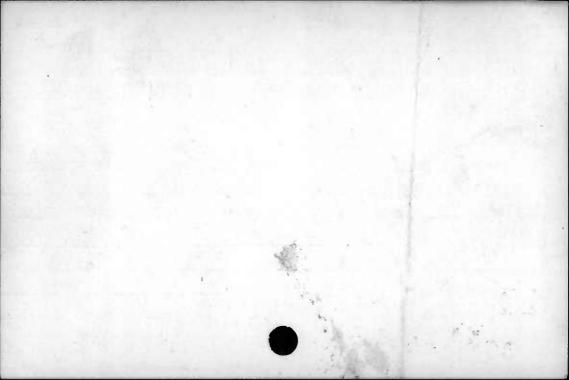
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	Died at May market					RYLAND	
ED BY	Date of death 1905 7 1	Day	Age	Years (PO	Mo	nths	Days
	Sex Colles	Color or Race			Birth- place	elut	- Com
ANSWERED REST FRIEN	Occupation		Where R	esiding if not of death			
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	Mother's Marden Name assorber bhow.			Mother's Birthplace	11	1	
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PHYSICIAN R CORONER	Immediate				How long		
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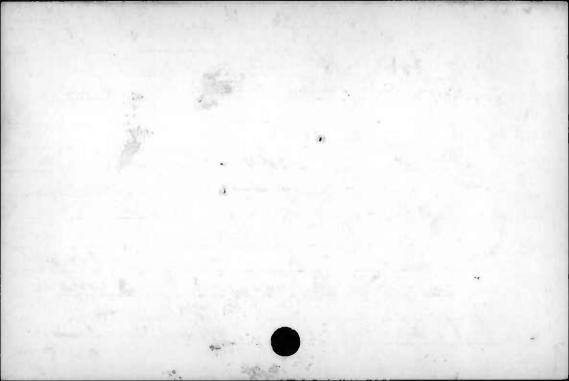
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Sex Male Color of What Birth-place St Thuy Co Color of Race Where Residing if not at place of death Married, Single or Widowed or Widowed Husband Father's Name State			
Married, Single or Widowed Married Husband Married G. John Father's Name Susan Willow Mother's Married Name Susan Willow Mother's Married Name of person giving A How related Control of the control of t	ED B	of death 190 5	
Married, Single or Widowed Husband Husband Marked A. Jones Father's Rame State		Occupation 10 4 Where Residing if not	place of Marys Co
Mother's Maiden Name Susan Willow . Mother's Birthplace Pr. Sers Co Mul	ANSV	Married, Singla or Widowed Married Husband Martha Q.	Jones
Maiden Name Success Multiple Name of person giving A Multiple How related	TO BE	Name	Birthplace Al Manya Co MM
In formation government to deceased for-		Maiden Name Susan Illustro.	Birthplace Fr. Sers W MM
		In formation John John John John John John John Jo	to deceased
Pilmary How long			How long ()
Immediate Sty arry Retrieves howling 2 was in	NER	- Has and Rober Roman !	How long & wust
and place to reconstruction above?	YSICIAN	Are the name, age, sex, color, date and place correctly given above?	A -
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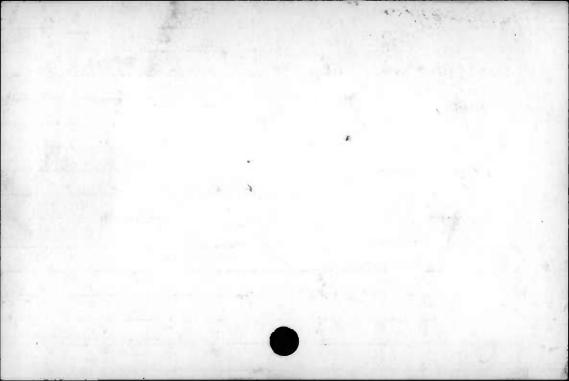
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in Full	Charles Show	well a	CERTI	CATE OF DEATH
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ERED BY	Sex . Color of Race Occupation	Where Residing if not	Birth-place Phi	Cadelphi
BE ANSWERED NEAREST FRIEN	Married, Married Name of Wise or Widowed Marvield Husband	at place of death		
TO BE	Father's Name		Father's Birthplace	
6	Mother's Maiden Name	A A 6	Mother's Birthplace	
	Name of person giving In formation	101	How related to deceased	
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PHYSICIAN R CORONER	Immediate John. J. B.	rooks	How long	
	Are the name age, sex, color. date and place correctly given above?	Signature of Physician		
PHO		Address		
* 19. 19.	Accident or Suicide?			
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Name in Full	Essie Thos	2000	A)E	CERTIF ATE DEATH
	Died at Dolument	ereck	County	MARYLAND
IND BY	Date of death 190 5 7 4 4	Day	Years Mo	onths Days
	Sex Cullina	Color or Race	Birth- Place	showing bref
ANSWERED REST FRIEN	Occupation	Where Res		,
ANS	Married, Single or Widowed	Name of Wife of Husband		
TO BE ANSWERED BY NEAREST FRIEND	Father's Fouriel	Thomas.	Father's Birthplace	ealul-co
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Name in CERTIFICATE OF DEATH Full Died at MARYLAND Months Days Day Date 24 of death 1 90,5 Age BY 0 Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death Married, Single Name of Wile or Husband or Widowed Ld ED NEA Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN -Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR Accident or Suicide?

